FEDERAL FINANCIAL REPORT

(Follow form instructions) 2. Federal Grant or Other Identifying Number Assigned by Federal Agency 1. Federal Agency and Organizational Element to Which Report is Submitted 1 1 **Election Assistance Commission** HAVA Election Security Grant 2018 pages 3. Recipient Organization (Name and complete address including Zip code) American Samoa Election Office 3570 Tafuna Airport Rd. Pago Pago AS 96799 4a. DUNS Number 4b. EIN 5. Recipient Account Number or Identifying Number 6. Report Type 7. Basis of Accounting □ Quarterly ☐ Semi-Annual x Annual X Cash Accrual 854995797 970000676 90,404 □ Final 8. Project/Grant Period Reporting Period End Date From: (Month, Day, Year) To: (Month, Day, Year) (Month, Day, Year) 3/23/2018 3/22/2023 9/30/2018 10 Transactions Cumulative (Use lines a-c for single or multiple grant reporting) **Federal Cash** a. Cash Receipts \$0.00 b. Cash Disbursements \$0.00 c. Cash on Hand (line a minus b) \$0.00 (Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: d. Total Federal funds authorized \$600,000.00 e. Federal share of expenditures \$0.00 f. Federal share of unliquidated obligations \$0.00 g. Total Federal share (sum of lines e and f) \$0.00 h. Unobligated balance of Federal funds (line d minus g) \$600,000.00 Recipient Share: \$0.00 i. Total recipient share required j. . Recipient share of expenditures \$0.00 k. Remaining recipient share to be provided (line i minus j) \$0.00 Program Income: I. Total Federal program income earned \$0.00 m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line I minus line m or line n) e. Amount Charged c. Period From Period To d. Base f. Federal Share a. Type b, Rate 11. Indirect Expense g. Totals: 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. 13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) a. Typed or Printed Name and Title of Authorized Certifying Official c. Telephone (Area code, number and extension) (684)699-3570 d. Email address Dr. Leafofi Uiagalelei, Chi lealofi.uiagalelei@gmail.com e. Date Report Submitted (Month, Day, Year) b. Signature of Authorized Certifying Offig 4/24/2019 14. Agency use only:

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011